

SANTA CLARA FIRE DEPARTMENT FIRE PREVENTION & HAZARDOUS MATERIALS DIVISION



1675 Lincoln Street, Santa Clara, CA 95050 PHONE: (408) 615-4970 FAX: (408) 241-3006

ALTERNATIVE MATERIALS AND METHODS APPLICATION

The provisions of the code are not intended to prevent the use of any material, alternate design or method of construction not specifically prescribed by the code, provided an alternate has been approved. Sufficient evidence or proof shall be submitted to substantiate any claim that may be made regarding its conformance.

The Fire Prevention and Hazardous Materials Division must make a finding that the proposed design is satisfactory and complies with the intent of the provisions of this code, and that the material, method or work offered is at least the equivalent of that prescribed in the code in quality, strength, effectiveness, fire resistance, durability and safety. All interpretations shall be in compliance with the intent and purpose of this code and shall not have the effect of waiving requirements specifically provided for in this code.

Submittal shall include, but not be limited to the following: A complete application, a minimum of two (2) copies of all documents supporting the justification statement in the request, and associated permit fees. Each request, address, or building shall require a **separate** permit application packet.

The undersigned hereby requests approval of the following:

Under the authority of: □ 2016 CFC, Section 104.9 □ 2016 CBC, Section 104.11 □ 2016 CMC, Section 1.2.2 □ 2016 CEC, Section 89.102.2 □ 2016 CPC, Section 1.2.2 PROJECT INFORMATION: Alternate Materials & Methods FIR #: FIR ______ ASSOCIATED FIR #: FIR _____ ASSOCIATED BLD #: BLD -Project Name: Project Address: City: Zip Code: Cross Street:______ Name/Bldg.:_____ APPLICANT INFOMRATION: Applicant/Agent (Please Print): Company: Applicant/Agent Signature: Date: Address:______ City:_____ State:____ Zip:_____ Phone(s):______Fax:_____ Cell #: E-mail:

Describe Occupancy/Use:	
REQUEST:	
Subject of Alternative:	
Code Requirement(s):	
Specify applicable code, edition and section(s)	
Alternate Proposed:	
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JUSTIFICATION (providing sufficient evidence to substa	ntiate the claim of equivalency):
OFFICE USE	ONLY
ACTION:	
☐ Approved	□ Denied
FIRE MARSHAL:	Date:
BUILDING DIVISION (if required):	Date:

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